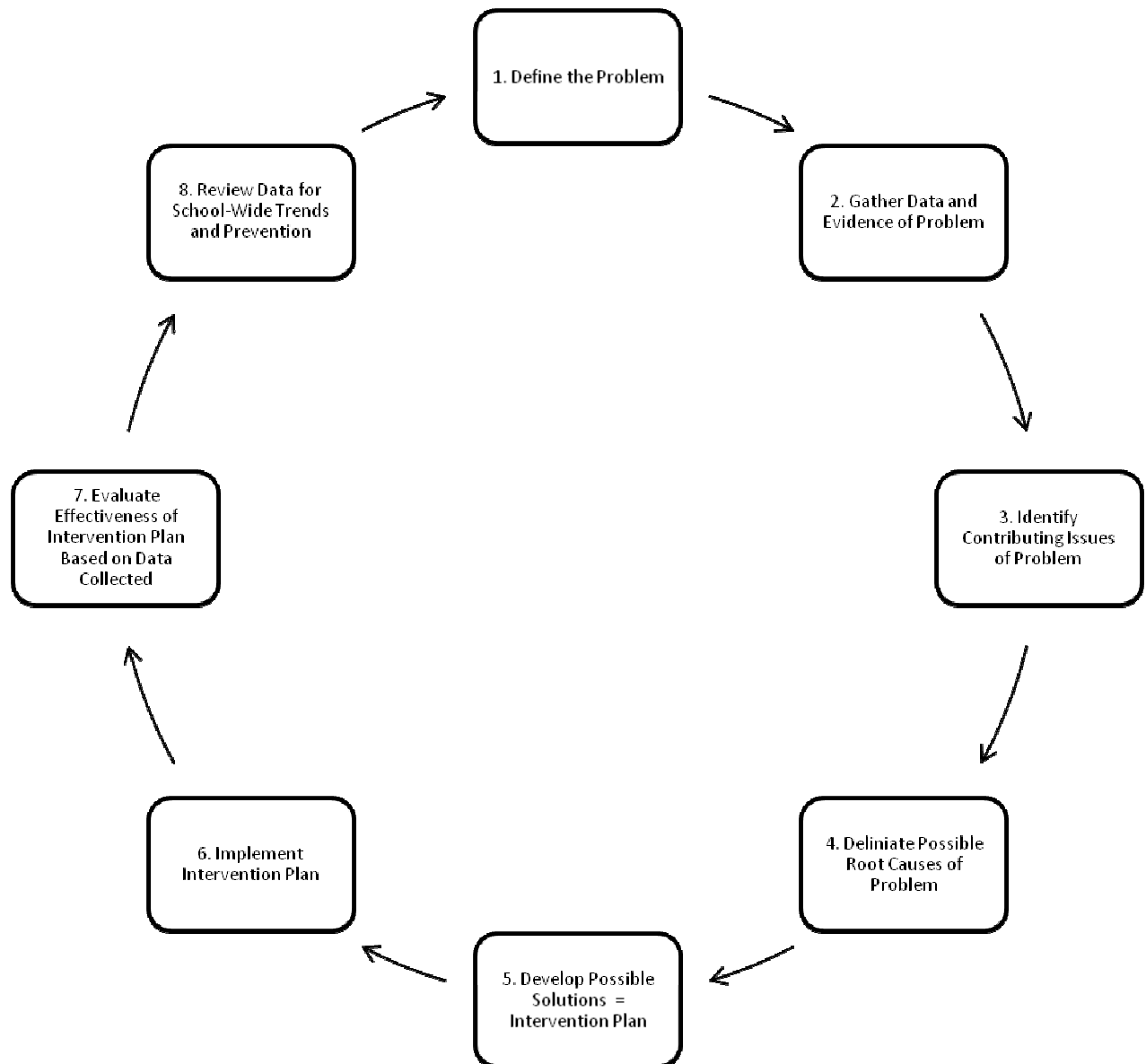




Denver Public Schools

Student Intervention Team Problem-Solving Process



(Adapted from the work of Howell, Patton, Deotte, 2008)



Student Intervention Team Forms

Step One: Complete and Submit Initial SIT Referral Form to Initiate SIT Process (page 1).



Step Two: Receive Date for SIT Meeting from Committee.

Step Three: Send out Parent Letter of Invitation to SIT Meeting (page 2).



Step Four: Receive your Assigned Designated Consultant from SIT Committee.

Step Five: Complete SIT Body of Evidence Data Collection Process with your Designated Consultant for Primary Area(s) of Concern (pages 3a, 3b, 3c, and/or 3d).*

**For Culturally and Linguistically Diverse Students Complete the Additional Body of Evidence Data Collection Process (available on SIT website).*



Step Six: Conduct SIT Meeting Documenting Problem-Solving Process and Possible Solutions/Interventions (pages 4a & 4b).



Step Seven: Create an Intervention Plan that Includes a Progress Monitoring Plan (page 5).



Step Eight: Follow Up Meeting is Held 6 to 9 Weeks from Last SIT Meeting (page 6).



KEY for SIT IKONS

Starting Point to Initiate SIT	
Parent Letter (to be sent prior to meeting)	
Reading Body of Evidence	
Math Body of Evidence	
Behavior Body of Evidence	
Culturally & Linguistically Diverse Body of Evidence	
Meeting Forms (completed during actual SIT meeting)	



**Denver Public Schools
Initial SIT Referral Form**



To be completed by the Referring Person to Initiate a SIT Meeting

Student Name _____ **Grade** _____ **ID** _____ **I** _____

Address _____ **Phone** _____

Referring Person _____ **School** _____ **Date** _____

Please Attach: <ul style="list-style-type: none"> <input type="checkbox"/> IC Summary <input type="checkbox"/> IC Attendance <input type="checkbox"/> IC Behavior Log/SWIS <input type="checkbox"/> IC Assessment <input type="checkbox"/> IC Grades <input type="checkbox"/> ILP <input type="checkbox"/> IEP <input type="checkbox"/> Report Card <input type="checkbox"/> MyCAP data (High School Only) <input type="checkbox"/> Transcripts (High School Only) <input type="checkbox"/> Work Samples <input type="checkbox"/> Health Plan <input type="checkbox"/> Other Pertinent Document <input type="checkbox"/> Current class schedule 	Language Information: Native Language: _____ Is the student identified as an ELL? Y N What is the student's current ELA Program? _____ Language of Instruction: Literacy: _____ Math: _____ Social Studies: _____ Science: _____ Interpreter Needed for Meeting? Y N Language: _____	Support Services in Place: <ul style="list-style-type: none"> <input type="checkbox"/> Nurse <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist/Social Worker <input type="checkbox"/> Speech/Language <input type="checkbox"/> Outside Mental Health Services <input type="checkbox"/> Denver Health <input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> OT/PT <input type="checkbox"/> Tutoring <input type="checkbox"/> Hearing/Vision Pass/Fail Date _____ <input type="checkbox"/> Other: _____
--	--	---

Areas of Concern: (Please Check)

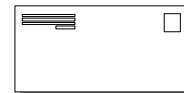
Reading: <table border="0"> <tr> <td></td> <td align="center">English</td> <td align="center">L1</td> </tr> <tr> <td>Phonemic Awareness</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Phonics</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Fluency</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Vocabulary</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Comprehension</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Application/Analysis/Synthesis/Evaluation</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> Written Language: <table border="0"> <tr> <td></td> <td 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type="checkbox"/>		English	L1	Grammar/Usage/Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	Capitalization/Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	Style and Fluency	<input type="checkbox"/>	<input type="checkbox"/>	Voice	<input type="checkbox"/>	<input type="checkbox"/>	Organization	<input type="checkbox"/>	<input type="checkbox"/>	Ideas and Content	<input type="checkbox"/>	<input type="checkbox"/>		English	L1	Articulation (Intelligibility)	<input type="checkbox"/>	<input type="checkbox"/>	Receptive Language (Comprehension)	<input type="checkbox"/>	<input type="checkbox"/>	Expressive Language	<input type="checkbox"/>	<input type="checkbox"/>	Mathematics: <table border="0"> <tr> <td></td> <td align="center">English</td> <td align="center">L1</td> </tr> <tr> <td>Number Sense</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> 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Sense	<input type="checkbox"/>	<input type="checkbox"/>	Algebraic Thinking	<input type="checkbox"/>	<input type="checkbox"/>	Data and Probability	<input type="checkbox"/>	<input type="checkbox"/>	Geometry	<input type="checkbox"/>	<input type="checkbox"/>	Measurement	<input type="checkbox"/>	<input type="checkbox"/>	Computation	<input type="checkbox"/>	<input type="checkbox"/>	Social/Emotional Learning: <ul style="list-style-type: none"> <input type="checkbox"/> Following Classroom Rules <input type="checkbox"/> Responding to Redirection <input type="checkbox"/> Working in a Group <input type="checkbox"/> Interacting with Adults <input type="checkbox"/> Interacting with Peers <input type="checkbox"/> Participating in Class Discussions <input type="checkbox"/> Asking Appropriate Questions <input type="checkbox"/> Motivation to Learn <input type="checkbox"/> Quality of Work <input type="checkbox"/> Persistence w/Difficult Tasks <input type="checkbox"/> Difficulty with Transitions <input type="checkbox"/> Staying on Task <input type="checkbox"/> Completing Homework <input type="checkbox"/> Finishing Work on Time <input type="checkbox"/> Taking Care of Materials <input type="checkbox"/> Paying Attention in Class <input type="checkbox"/> Following Directions <input type="checkbox"/> Poor Study or Organization Skills
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Specific and observable description of student strengths:

Specific, observable, and measurable description of the most concerning problem:

Parent Contacted: (Parent contact is required prior to assignment of Designated Consultant)

Date: _____ **Parent Response:** _____



Denver Public Schools
Letter of Invitation to SIT Meeting

Student's Name:	Student ID #:
Date of Birth:	Grade:
School:	Date:

Dear Parent or Guardian,

As we discussed, _____ has been referred for a Student Intervention Team (SIT) meeting. During this meeting we will discuss your student's strengths and needs, and develop a support plan. Your support and assistance are essential to your student's success in school. We look forward to meeting with you.

Specific Area of Concern:

The meeting is scheduled for:

Date: _____ Time: _____ School: _____ Room: _____

If you have any questions or concerns, or need to reschedule, please contact:

Name: _____

Phone Number: _____

Sincerely,



Denver Public Schools
SIT Body of Evidence for Mathematics

To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____

Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Math Standards Proficiency (U, PP, P, or A)

Number Sense: _____ Algebraic Thinking: _____ Data & Probability: _____ Geometry: _____ Measurement: _____ Computation: _____

Classroom Assessment data - Ongoing (anecdotal records, observations) Product (student work), Periodic (formal assessment, quizzes, unit tests):

State/District Assessment data (CSAP, DPS Benchmark, CBMs, etc.)

Progress Monitoring data:

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Targeted Assessment data (if administered):

Area of Strength:

Most Significant Concern:

How does data compare to classroom peers?

Intervention Checklist:

Accommodations:

- ☐ Use of manipulatives
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Extended Practice
- ☐ Provided Resources
- ☐ Allow use of Calculator
- ☐ Frequent Feedback
- ☐ Break down Tasks
- ☐ _____

Research Based Interventions:

Name: _____

Duration: _____

Intensity: _____

Group Size: _____

Results: _____

Please attach (if appropriate):

- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Graphs
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Important Data



Denver Public Schools
SIT Body of Evidence for Literacy

To be completed by the Designated Consultant and Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____
Referring Person: _____ Date: _____

What is the concern? Please attach ILP and all applicable data (complete information below ONLY if not reflected on ILP).

Classroom Assessment Data: (eg. student work, observations, anecdotal information, classroom tests, attendance)

State/District Assessment Data:

CSAP:	CELA:
DPS Benchmark:	SRI:
DRA 2/EDL:	DIBELS/AIMSweb Benchmark:
Other:	IDEL/MIDE:

Targeted Assessment Data: (e.g. phonics survey, spelling inventory)

Progress Monitoring Data:

Assessment Tool: _____
Outcome Goal: _____
Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____

Assessment Tool: _____
Outcome Goal: _____
Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____

Areas of Strength:

Most Significant Concern:

How does data compare to class peers?

Accommodations:

- ☐ Multi-sensory Strategies
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Additional Practice
- ☐ Seating Change
- ☐ Timer
- ☐ Frequent Checks for Understanding
- ☐ Decodable Phonics
- ☐ Fluency/Speed Drills
- ☐ Other: _____

Research Based Interventions:

Name: _____

Duration: _____

Intensity: _____

Group Size: _____

Results: _____

Attach if Appropriate:

- ☐ ILP
- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Charts
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Pertinent Data: _____



Denver Public Schools

SIT Body of Evidence for Social-Emotional Learning

To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ Date: _____

Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Does the student have a medical diagnosis? Y N Explain: _____
Targeted Assessment data (if administered): SIEVE: _____ BASC- 2: _____ Attention: _____ Adaptive: _____ Other: _____ Observation: _____ Teacher/student/parent Interview: _____
Progress Monitoring data: Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____ Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____
Areas of Strength: _____
Most Significant Concern: _____
How does student data compare to classroom peers? Have cultural differences been ruled out? Yes ____ No ____ If no, has a SIT Cultural and Linguistic Form been completed? Yes ____ No ____ Have other medical reasons been rules out? Yes ____ No ____

Functional Behavioral Assessment:

Setting event	Antecedent	Behavior	Consequence

Intervention Checklist (Document any and all interventions and accommodations tried to date):

Accommodations: <input type="checkbox"/> Seating Change <input type="checkbox"/> Additional Time <input type="checkbox"/> Frequent Checks for Understanding <input type="checkbox"/> Positive Verbal Reinforcement <input type="checkbox"/> Peer Mentor/Support <input type="checkbox"/> Reward System (tangible) <input type="checkbox"/> Timer <input type="checkbox"/> Time out in classroom <input type="checkbox"/> Removal from classroom <input type="checkbox"/> Parent Communication Describe: _____ <input type="checkbox"/> Additional Supervision <input type="checkbox"/> Other: _____	Research Based Interventions: Name: _____ Duration: _____ Intensity: _____ Group Size: _____ Results: _____	Please attach (if appropriate): <input type="checkbox"/> Evidence and outcomes of all accommodations <input type="checkbox"/> Functional Behavioral Assessment/Behavior Support Plan <input type="checkbox"/> Point Sheets/Contracts <input type="checkbox"/> Progress Monitoring Graphs <input type="checkbox"/> Behavior Checklists <input type="checkbox"/> Classroom Observations <input type="checkbox"/> IC Data <input type="checkbox"/> Other Important Data <input type="checkbox"/> SWIS
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SIT CLD Student Form

(for Culturally and Linguistically Diverse Students)



Name: _____ School: _____ L1: _____ DPS ID#: _____

*Designated Consultant & Classroom Teacher to complete this form together.

Has the **need for an interpreter** been considered for any communication/meeting(s) with parents? ☐ No ☐ Yes

1. Most recent
English Language Acquisition Assessment:

<input type="checkbox"/> CELA	Beginning	Early Intermediate	Intermediate	Proficient	Above Proficient
<input type="checkbox"/> Other: _____					
Date: _____					
Check (✓) proficiency levels as on IC:					
Comprehension					
Listening					
Oral					
OVERALL					
Reading					
Speaking					
Writing					

Language of Instruction:

2. General Education Classroom – Mark (☒) those that apply. The student is in an...

- ☐ ELA-S class and receives **literacy** instruction in **Spanish**.
☐ ELA-S class and receives **content** instruction (math, science, social studies) in **Spanish**.
☐ ELA-S class and receives _____% of **literacy** and/or **content** instruction in **English**.
☐ ELA-E class and receives both **literacy** and **content** instruction in **English**.
☐ ESL or ELD resource services _____ hrs/day.
☐ Have parents **waived ELA services**? ☐ No ☐ Yes

3. In which area is the student **having difficulty**?

- ☐ **BICS** (Basic Interpersonal Communicative Skills)
☐ **CALP** (Cognitive Academic Language Proficiency)

Give examples: _____

4. Has this student ever received... **literacy instruction in L1?** ☐ No ☐ Yes

content instruction in L1? ☐ No ☐ Yes

When? _____ Where? _____ For how long? _____

5. List the schools student has attended and the language of literacy instruction:

School	Date	Grade	Language of Literacy Instruction		
			<input type="checkbox"/> Spanish	<input type="checkbox"/> English	<input type="checkbox"/> Other Lang. _____
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. List 2 **culturally responsive instructional strategies** that have had a positive impact on this student's learning.

- a. _____
b. _____

7. List 2 **academic transfer skills into English** that have been explicitly taught and had a positive impact on this student's learning.

- a. _____
b. _____

8. List 2 **sheltered English content instructional strategies** used with fidelity and consistency that have had a positive impact on this student's learning.

- a. _____
b. _____

9. Compare/contrast student/family's **cultural beliefs, practices, & expectations** of school with school's cultural beliefs, practices, & expectations.

Similarities: _____ **Differences:** _____

10. List 2 **acculturation factors** that have impacted this student's learning and/or second language acquisition.

- a. _____
b. _____

11. Have all **interventions** been designed and implemented in a way that considers **cultural and linguistic background** in order for this student to access the general education curriculum? ☐ No ☐ Yes. How? _____

12. Have you considered **progress monitoring best practices for CLDs**? ☐ No ☐ Yes

13. Have you **consulted** with any of the following **on-site resources**...

- | | |
|--|--|
| <input type="checkbox"/> ELA/ESL Teacher or ISA Rep. | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> ELA Facilitator | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Other |

What were the **results of this consultation**? (please attach)

14. Have you **consulted** with any of the following **off-site resources**...

- | |
|---|
| <input type="checkbox"/> ELA Instructional Specialist |
| <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Special Education Instructional Specialist |
| <input type="checkbox"/> Other |

What were the **results of this consultation**? (please attach)



Denver Public School SIT Intervention Plan



To be completed by the Recorder during the SIT Meeting

Student Name: _____ Grade: _____ ID#: _____ DOB: _____
Classroom Teacher: _____ School: _____ Date: _____
Designated Consultant: _____
Present at the Meeting: _____

The purpose of this meeting is to:

1. Identify the problem and its contributing issues and develop a Student Action Plan
2. Determine who will collect the progress monitoring data and intervals for progress monitoring.

**A Follow-Up Meeting should be scheduled 6-8 weeks from today.*

Specific and Observable Description of Student Strengths:

Presenting Problem: (Specific, observable, and measurable description of most concerning problem)

Data and Evidence:

Contributing Issues: (instructional methods/materials, classroom environment, readiness/motivation of student, etc.)

Problem Statement and Possible Causes: (Based on the data and contributing issues list 3-4 possible reasons for the problem. eg. Attendance, poor phonemic/phonetic skills, limited ability to focus)



Step One: Brainstorm at least 2 solutions to the Primary Problem

(What is within the school's control that will make the biggest impact in the shortest amount of time with existing resources?)

Option 1:

Person Responsible: _____ Starting Date: _____

Option 2:

Person Responsible: _____ Starting Date: _____

Option 3:

Person Responsible: _____ Starting Date: _____

Step 2: Choose which intervention option(s) will be implemented during this intervention cycle.

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3

Step 3: Create a Progress Monitoring Plan (page 5) for each intervention option chosen.



Denver Public Schools
SIT Student Intervention and Progress Monitoring Plan



Student Name: _____ Grade/Teacher: _____

SIT will create a plan to achieve a measurable goal. Progress monitoring data will be collected by the designated person at determined intervals. A Follow-Up Meeting will be scheduled for 6-8 weeks from this date.

Area of Concern: _____

Measurable Goal (SMART GOAL): _____ will increase _____
as measured by _____ from _____ to _____
by _____ (date).

Date of Follow-Up Meeting: _____ [Be sure to set a date to revisit progress 6 to 9 weeks from today]

Intervention to be Used: _____
Frequency: _____ Intensity: _____ Duration: _____
Frequency of Data Collection: _____
Assessment Instrument to be Used: _____
Person Responsible: _____

Are additional targeted assessment recommended by SIT? ☐ Yes ☐ No

(Please indicate the targeted assessment to be given, the purpose of the assessment, the trained/qualified person responsible administering the assessment, and have parent sign to give their permission for the assessment to be given.)

Targeted Assessment: _____ Purpose: _____ Person Responsible: _____

Parent/Guardian Signature giving permission for targeted assessment: _____ Date: _____

Targeted Assessment: _____ Purpose: _____ Person Responsible: _____

Parent/Guardian Signature giving permission for targeted assessment: _____ Date: _____

Progress Monitoring Data:

Indicator																			
Dates																			

By signing below I certify that I understand and agree with the intervention described in this plan and that I have received a copy of the plan. (☐ Check if interpreter was used)

Parent/Guardian Signature

Date



Denver Public Schools
SIT FOLLOW-UP MEETING:



Student Name: _____ Grade/Teacher: _____ Date: _____

Did it Work? (Has the student met the SMART goal demonstrating responsiveness to intervention?)

- ☐ **Interventions No Longer Necessary** = Have Parent Sign Below
- ☐ **Continue with Current Intervention** = Complete a New Student Intervention and Progress Monitoring Plan (page 5)
- ☐ **Implement Alternative Intervention** = Complete New Student Intervention and Monitoring Plan* (pages 4a, 4b, & 5)
*Consider additional assessment if more information is needed

Notes:

By signing below I certify that I understand that my student has made adequate progress (responsiveness to intervention) and at this time does not require additional intervention. (☐ Check if interpreter was used)

Parent/Guardian Signature

Date